

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

5705
 Do not use this space.

1939 MAR 9

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 904
 (c) City K. C. Mo. (d) Street No. 200 Trinity Lutheran Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John H. Hass
 (a) Residence, No. 2826 Prospect St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Nellie Madden Hass</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 17, 1867</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	4	9	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy, Illinois</u>				
FATHER	13. NAME <u>John H. Hass</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>			
MOTHER	15. MAIDEN NAME <u>No Record</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Nellie Madden Hass</u> <u>2826 Prospect</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John's Cem.</u> DATE <u>Feb. 28, 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>John W. Wagner</u> <u>Kansas City, Mo.</u>				
20. FILED <u>2/28 1939</u> <u>M. M. Lewis</u> <i>Local Registrar.</i>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 26, 1939</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>2-19, 1939 to 2-26, 1939</u>	
I last saw him alive on <u>2-26, 1939</u> . Death is said to have occurred on the date stated above, at <u>6:20</u> m. pm	
The principal cause of death and related causes of importance were as follows: <u>Cerebral haemorrhage</u>	
Date of onset <u>2-19-39</u>	
Other contributory causes of importance: <u>Tubercular oedema</u> <u>Cardiac rupture</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>F. J. Lorenz</u> , M. D. (Address) <u>7. J. Lathrop Bldg.</u>	

n. b.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.